

County: Monroe  
SPARTA NURSING HOME  
310 W MAIN ST

Facility ID: 8480

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SPARTA 54656 Phone:(608) 269-2132  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/04): 30  
Total Licensed Bed Capacity (12/31/04): 30  
Number of Residents on 12/31/04: 29

Ownership: Nonprofit Church/Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 29

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.0
Supp. Home Care-Personal Care	No					1 - 4 Years		48.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		20.7
Day Services	No	Mental Illness (Org./Psy)	13.8	65 - 74	0.0			----
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	27.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	20.7	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	10.3		-----	RNs		10.1
Referral Service	No	Diabetes	3.4	Gender	%	LPNs		8.8
Other Services	No	Respiratory	6.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	37.9	Male	20.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	0	0.0	0	22	95.7	123	0	0.0	0	6	100.0	165	0	0.0	0	0	0.0	0	28	96.6	
Intermediate	---	---	---	1	4.3	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.4	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	0	0.0		23	100.0		0	0.0		6	100.0		0	0.0		0	0.0		29	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	11.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	6.9	69.0	24.1	29
Other Nursing Homes	3.7	Dressing	6.9	89.7	3.4	29
Acute Care Hospitals	55.6	Transferring	10.3	86.2	3.4	29
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	13.8	82.8	3.4	29
Rehabilitation Hospitals	29.6	Eating	82.8	6.9	10.3	29
Other Locations	0.0	*****				
Total Number of Admissions	27	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care		6.9
Private Home/No Home Health	28.6	Occ/Freq. Incontinent of Bladder	44.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	10.3	Receiving Suctioning		0.0
Other Nursing Homes	14.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		24.1
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	57.1	With Pressure Sores	6.9	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	3.4	Medications		
(Including Deaths)	28			Receiving Psychoactive Drugs		82.8
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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						
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	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	91.7	1.05	88.8	1.09	
Current Residents from In-County	93.1	85.3	1.09	77.4	1.20	
Admissions from In-County, Still Residing	33.3	14.1	2.37	19.4	1.72	
Admissions/Average Daily Census	93.1	213.7	0.44	146.5	0.64	
Discharges/Average Daily Census	96.6	214.9	0.45	148.0	0.65	
Discharges To Private Residence/Average Daily Census	27.6	119.8	0.23	66.9	0.41	
Residents Receiving Skilled Care	96.6	96.2	1.00	89.9	1.07	
Residents Aged 65 and Older	96.6	90.7	1.06	87.9	1.10	
Title 19 (Medicaid) Funded Residents	79.3	66.8	1.19	66.1	1.20	
Private Pay Funded Residents	20.7	22.6	0.92	20.6	1.01	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	17.2	32.7	0.53	33.6	0.51	
General Medical Service Residents	37.9	22.0	1.72	21.1	1.80	
Impaired ADL (Mean)*	42.8	49.1	0.87	49.4	0.87	
Psychological Problems	82.8	53.5	1.55	57.7	1.43	
Nursing Care Required (Mean)*	5.2	7.4	0.70	7.4	0.70	